

Members

Rep. Charlie Brown, Chairperson  
Rep. Peggy Welch  
Rep. Vaneta Becker  
Rep. Timothy Brown  
Sen. Gary Dillon  
Sen. Patricia Miller  
Sen. Allie Craycraft  
Sen. Earline Rogers  
Dr. Walter J. Daly  
Greg Wilson, M.D.  
Beverly Richards  
Michael Urban, M.D.  
Beth Compton



# COMMISSION ON EXCELLENCE IN HEALTH CARE

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Authority: P.L.220-2001 (HEA 1845)

## MEETING MINUTES<sup>1</sup>

**Meeting Date:** September 30, 2003  
**Meeting Time:** 1:00 P.M.  
**Meeting Place:** State House, 200 W. Washington St., the House Chambers  
**Meeting City:** Indianapolis, Indiana  
**Meeting Number:** 3

**Members Present:** Rep. Charlie Brown, Chairperson; Rep. Peggy Welch; Sen. Patricia Miller; Sen. Allie Craycraft; Sen. Earline Rogers; Dr. Walter J. Daly; Greg Wilson, M.D.; Beverly Richards; Beth Compton.

**Members Absent:** Rep. Vaneta Becker; Rep. Timothy Brown; Sen. Gary Dillon; Michael Urban, M.D.

Representative Charlie Brown (Chairperson) called the third meeting of the Commission on Excellence in Health Care (Commission) to order at 1:15 p.m. The Chairperson then received testimony on the topic of childhood obesity and school nutrition.

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<sup>1</sup> Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.ai.org/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

**Greg Wilson, M.D., Commissioner, Indiana State Department of Health**

Dr. Wilson reviewed several obesity trends. As people drive more, walk less, and get less exercise in schools obesity levels have risen worldwide, nationally, and in Indiana. Dr. Wilson presented the following data to show the rising trend in Indiana:

1985	10-15% of Indiana adults were obese
1993	15-20% of Indiana adults were obese
2001	20-24% of Indiana adults were obese

Obesity affects other disease rates in the state (e.g. heart disease, diabetes, cancer, sleep apnea). Indiana's school children are obese at a rate 5-6% over the national average. A survey of school age children indicates that 48% are trying to lose weight. A study of children who were 5-10 years old and who were overweight revealed that 20% already had two or more cardiovascular risk factors. Several genetic and environmental factors have been linked to a person's risk of becoming obese, including the following:

- Parental obesity and behaviors.
- Sedentary behaviors.
- Excessive caloric intake.
- Low socio-economic status.
- Low birth weight.
- Formula feeding as an infant.

Children who are overweight face many social problems, including discrimination, social isolation, and depression. If new programs are instituted today to battle obesity it may still take 20-30 years to make a change in the current trends. However, if the state takes no action the problem will only get worse.

In response to questions by the Commission, Dr. Wilson stated the following:

- The Centers for Disease Control (CDC) has not developed a model program for childhood obesity. The CDC has requested that states try different approaches and report the results back to the CDC.
- Body Mass Index (BMI) is used to gauge total body fat to determine if a person is overweight or obese.
- Children today have a vascular system is comparable to a young adult's vascular system a generation ago. This generation will face heart disease problems earlier in life and as a result the fiscal impact to the health system will increase dramatically.

**Suzanne Crouch, Health and Physical Education Consultant, Office of Program Development, Indiana Department of Education**

Ms. Crouch provided a memo that had been sent to school food service directors concerning foods of minimal nutritional value and a summary of the physical state of youth in Indiana (Exhibit #1), including the following information:

- The number of 6-11 year olds that are overweight has increased 330% in the past 25 years.
- The incidence of type 2 diabetes in adolescents has increased almost 1000% in the past 20 years.
- 50% of overweight children remain overweight as adults.

- At least half of American youth do not engage in physical activity that promotes a healthy life style.
- About 90% of elementary education students have physical education (PE) 1-2 times a week. Many schools are cutting PE and recess. There is not a state requirement to provide PE to elementary students. However, high school students are required to take two semesters - most schools fulfill this requirement during the freshman year.
- Schools need to foster activities that will nurture a life-long life style of exercise (e.g. aquatics are better than team sports).
- There is a need to coordinate school health programs.
- Children should have at least 30-60 minutes of healthy activities outside every day.

Responding to questions by the Commission, Ms. Crouch stated that the Indiana Department of Education (IDOE) would be sending out a survey to Indiana schools in the near future that would cover the topics of nutrition, PE, and recess.

**Dr. Bob Rider, Dean, College of Education, Butler University; Chairperson, Indiana Coordinated School Health Advisory Council**

Dr. Rider stated that he has previously worked with the Coordinated School Health Program in Florida. There has been great cooperation between the State Department of Health, IDOE, and several other key individuals. The state has received funding to implement a Coordinated School Health Program (CSHP) but to make the program effective help is needed from the General Assembly. The achievement gap facing many schools cannot be closed until child health and nutritional issues are addressed. Students do not learn if they are not healthy. Poor health and nutrition creates a higher level of absenteeism in school and creates future unhealthy workers. Information concerning CSHP was distributed to Commission members. (Exhibit #2)

During questions by the Commission, Dr. Rider cited an example of a school in Mississippi that faced many academic and health issues that, after integrating a CSHP, saw their achievement standards increase.

**Martha Rardin, RD, CD, Indiana Dietetic Association**

Ms. Rardin distributed her remarks to the Commission (Exhibit #3). After citing statistics on obesity rates, Ms. Rardin presented the following six recommendations of the Indiana Dietetic Association (IDA):

- Require that vending machines in schools only offer healthy selections.
- Require that the food service decision maker in each school district be a registered dietician or nutrition professional.
- That the General Assembly work with the IDA to conduct a healthy lifestyle pilot program in an urban and rural school.
- That the state provide funding for PE teachers, and that PE programs focus on individual, life-long physical activity skills.
- That the General Assembly seek the assistance of the IDA concerning legislation affecting nutrition, health, and food safety. The IDA is at the present time creating a clearinghouse of information concerning school and community based healthy lifestyle programs that currently exist in the state.

- That the Commission and the members of the General Assembly participate in a free wellness program provided by the IDA that would be offered during the legislative session.

Ms. Rardin concluded by stating that the obesity epidemic can only be halted through individual commitment.

**Debra A. Miller, M.D., Medical Director, Mapleton Wellness Center**

Dr. Miller is a physician who specializes in treating obesity. She distributed materials to Commission members regarding obesity. (Exhibit #4) During her presentation Dr. Miller provided the following information:

- Obesity is a chronic disease that is in epidemic proportions.
- Obesity rates are expected to double over the next 30 years.
- The following factors must be addressed to determine how to treat an individual's obesity:
  - Genetic
  - Environmental
  - Neurologic and physiologic
  - Biochemical
  - Cultural and psychosocial
- Assessment tools to determine obesity include BMI, waist circumference measurements, and a physical examination.
- Childhood obesity must be treated differently than adult obesity. An adult's treatment can be complex but children generally need and benefit from more exercise. Children who use dieting to achieve weight loss can develop eating disorders.
- Schools should be providing children with regular PE.

**Sara Gasiorowski, Legislative Chair, Indiana School Food Service Association**

Ms. Gasiorowski stated that the Indiana School Food Service Association (ISFSA) is concerned about childhood obesity. School breakfasts and lunches must meet healthy food requirements. Most school meals are analyzed using nutritional computer software. The ISFSA supports shutting off vending machines that do not sell healthy items. Ms. Gasiorowski made the following additional points in her presentation:

- There are many obstacles to providing an effective school breakfast program (e.g. bus and class schedules, lack of support from school administrators, and limited federal funds to use for the program).
- Vending machines are not the only source that provides competition to school meals (e.g. fund raising candy sales).
- Some schools are taking steps to help kids stay healthy by limiting drink choices and reducing the number of fried items.
- There are no state standards on the qualifications for service as a school food director.
- Children need to have physical activity every day through PE and recess.

In response to Commission questions, Ms. Gasiorowski stated the following:

- Just because a school offers ala carte items does not mean those items are not nutritional.
- Elementary schools are much more restrictive regarding what is served during lunch than middle and high schools.
- Soda vending machines are not supposed to be in the cafeteria but some schools have them operating just outside the cafeteria during lunch.

The Chairperson announced that the discussion of childhood obesity and school nutrition would continue at the Commission's next meeting. The Chairperson adjourned the meeting at 3:15 p.m.